

**Annual Report Summary of Surplus Lines Business
Transacted under Neb.Rev.Stat. §44-5501 through §44-5514
For the year ending December 31,**

CONTACT PERSON _____ TELEPHONE _____ E-MAIL ADDRESS _____

NAIC #	NAME OF INSURANCE COMPANY (one line per company)	TOTAL PREMIUMS LESS PREMIUMS	TAX
TOTALS			

DOI_SL_Annual 6/06